DISTRIBUTION			<u> </u>]
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r LE		17		_
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
THE STORY ER	GAS	1		
OPERATOR		1		
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	DISTRIBUTION SANTA FE LE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR /	AUTHORIZATION TO TRA	NOPORT OIL AND NATURAL	. GAS	
I.	PRORATION OFFICE Operator				
	AMOGO PRODUCTION	N COMPANY			
	SOI Airport Driv Reason(s) for filing (Check proper box New Well Recompletion	Change in Transporter of: Oil Dry Gas		zation to transport con-	
	Change in Ownership	Casinghead Gas Conden		.04 - Approved 8/25/77)	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE			
	Valencia Canyon Unit	Well No. Pool Name, Including Fo 4 Choza Mesa Pict		Lease No. eral or Fee Federal NM-14919	
	Location Unit Letter N ; 1.	120 Feet From The South Line	_	m The Wast	
					
		ownship 28— I Range 4—		Arriba County	
III.	Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GAS or Condensate		roved copy of this form is to be sent)	
	Plateau, Inc. Name of Authorized Transporter of Ca	ssinghead Gas or Dry Gas	P.O. Box 108 Farmingt Address (Give address to which app	con, NM 87401 roved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 25 28N 4W	Is gas actually connected?	When 9/2/77	
T37	If this production is commingled with COMPLETION DATA: Filed	ith that from any other lease or pool, and per C-104 - Appreved 8/	zive commingling order number:		
1 .	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be after able for this dep	ter recovery of total volume of load on the or be for full 24 hours) Producing Method (Flow, pump, gas	il and must be equal to or exceed top allow- lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	,Choke Size	
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF	
				1 1 1 2 2 2 3 4	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-ia)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED		
			TITLE SUPRING OF THE SAFE		
El Sorkoda (Signature)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation		
		trative Supervisor	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
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